

SPECIFIC WAIVER COVER SHEET
CALIFORNIA STATE BOARD OF EDUCATION
SEPTEMBER 2003 AGENDA
Item No. W-16

TITLE: Request by Sonora Union High School District to waive <i>Education Code</i> (EC) Section 56366.1(a) certification for an uncertified nonpublic school, Bancroft School located in Haddonfield, New Jersey to provide services to one special education student, Taylor S. CDSIS: 27-5-2003	<u> X </u> ACTION <u> </u> INFORMATION <u> </u> PUBLIC HEARING <u> </u> CONSENT
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RECOMMENDATION:

The Department recommends: ☒ Approval ☐ Denial

Summary of Previous State Board of Education Discussion and Action:

The State Board of Education has taken action on several previous nonpublic school certification waivers.

Summary of Key Issue(s):

The **Sonora Union High School District (SUHSD)** requests a waiver of EC 56366.1(a). This law establishes standards for non-profit, nonsectarian schools and agencies to follow to be certified to provide special education and designated instruction services (DIS) to students with disabilities. The district requests this waiver in order to place student, **Taylor S.** at **Bancroft School** located in **Haddonfield, New Jersey**.

The student's handicapping condition is Traumatic Brain Injury and Emotional Disturbance. The district and the Tuolumne County Mental Health conducted a search of potential residential treatment programs. No other program was appropriate to meet all of the student's needs. The student had attended the school in 1998 and was successful resulting in his return to public school. His progress has regressed and needs the services of the school again.

The **Bancroft School** staff are highly trained and devoted to students with Traumatic Brain Injury. Department staff has checked all of the documents needed to approve a certification waiver of this type for this student.

The Department recommends this waiver request be approved.

Authority for the waiver: *Education Code* (EC) Section 56101

Bargaining unit(s) consulted on: N/A

Position of bargaining unit (choose only one): N/A

☐

Neutral

☐

Support

☐

Oppose

Name of bargaining unit representative: N/A

Local board approval date: SELPA Director signature

Effective dates of request: January 6, 2003 to December 31, 2003.

Fiscal Analysis (as appropriate): No known fiscal impacts

Background Information:

Waiver request forms and supporting documents are attached to this summary.